

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**510 EAST 12TH, SUITE 1A****DES MOINES, IA 50319****Fax: (515)281-4073****www.iowa.gov/ethics**

Reset Form

FORM-GBGift or Bequest information received
by a department or accepted by the
Governor on behalf of the state**For office use only**

Indexed _____

Audited _____

Checked _____

Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**DHS Glenwood Resource Center**Name of Department or Office
711 South Vine Street

Glenwood, IA 51534

Mailing Address
712-525-1656

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Ardis M. Scheffel

Name

2 Westlake Village

Council Bluffs, IA 51501

Mailing Address

City, State, Zip Code

712-366-1116

Area Code & Telephone Number

Email Address (optional)

10/06/2011

\$1,300.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

In memory of Dr. Melvin Scheffel-funds to provide needs at Campbell Park recreation area located on Glenwood Resource Center grounds.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Ruth Messinger affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

10/07/2011

Date

Revised 06/08

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**State Training School**

Name of Department or Office
 3211 Edgington Avenue

Eldora, Iowa 50627

Mailing Address
 641-858-5492

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kristin Hagedon

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

khagedo@ihs.state.ia.us

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Lippert's Piano Tuning, c/o Henry Lippert

Name

117 Fairview Dr.

Ackley IA 50601

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

Aug. 25, 2011

\$75.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

donated piano tuning services to tune piano in the A.E. Shepherd Bldg (Chapel)

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Kristin Hagedon affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Kristin Hagedon
 Signature

10/12/11
 Date